

Scotability Waltham Forest Application Form



Please complete as much as the form as possible.
Don't worry if you're unsure about some of the answers, we can discuss these with you.

SECTION A – PERSONAL DETAILS

Title **First name**

Second name

Address
.....

Postcode **Phone number**

Date of birth **Email address**

SECTION B – MOBILITY DETAILS

The following questions will help us find the most suitable vehicle for your needs.

1. **Which type of vehicle would you prefer to borrow?**

Mobility scooter Powerchair Not sure

2. **Are you mainly** Right-handed Left-handed

3. **What is your usual weight?**

Under 90 kilos (under 14 stones)

90 to 114 kilos (14 to 18 stones)

114 to 136 kilos (18 to 21 stones)

Over 136 kilos (over 21 stones)

4. **Would you be able to get into a mobility scooter on your own?**

Yes No Not sure

5. **Could you get into a powerchair (electric wheelchair) on your own?**
 Yes No Not sure
6. **Do you have severe problems bending or straightening your leg(s)?**
 Yes No Not sure
7. **Do you take any medicines that may make you drowsy or cause you to respond more slowly than usual?**
 Yes No Not sure
8. **Do you suffer from Epilepsy?** Yes No
If YES, is your epilepsy controlled by medication?
 Yes No Not sure
9. **Have you ever used a mobility scooter or powerchair before?**
 Yes No
10. **Have you ever been advised NOT to use a mobility scooter or powerchair?**
 Yes No

If you have answered YES, please give details

.....

11. **Have you driven a car or ridden a bicycle?** Yes No

SECTION C – HEARING, SIGHT, COMMUNICATION

1. **Are you Registered Blind or Partially Sighted?** Yes No
2. **Are you severely or profoundly deaf?** Yes No
3. **Are you able to use speech?** Yes No

SECTION D – HOME / STORAGE DETAILS

1. **Do you think you have space in your home to store a scooter / powerchair?**
 Yes No Not sure

2. **Do you think you have space in an external storage facility (e.g. shed or garage) to store a mobility scooter or powerchair?**
 Yes No Not sure

3. **Is there somewhere at your home or external storage facility to plug a mobility scooter/powerchair into the mains, to recharge the battery?**
 Yes No Not sure

4. **What type of home do you live in?**
 Block of flats
 Sheltered housing scheme
 House
 Other

5. **Are there one or more steps to enter your home?**
 Yes No

6. **If YES, approximately how many steps?**

7. **If you live in a flat, on which floor do you live?**

8. **Do you have a lift in your building?**
 Yes No Not applicable

SECTION E – ANY OTHER DETAILS

Is there anything else that you feel we should know about which may affect your using the Scootability scheme?

.....

.....

.....

Please read the following carefully before signing:

- ❖ I confirm that the information given above is true and accurate to the best of my knowledge.
- ❖ I certify that if I am advised at any stage that I should not use a mobility scooter or powerchair, I will inform Scootability immediately.
- ❖ I agree to abide by the terms and conditions of membership as stated by the Scootability scheme.

Signed Date

PLEASE RETURN YOUR APPLICATION FORM TO:

Scootability Waltham Forest
Shopmobility Portacabin
45 Selborne Walk
London E17 7JR

If you would like advice or help to complete this application form, please contact us on 020 8520 3366. Or email scootabilitywf@googlemail.com